

# MOTOR ACCIDENT REPORT FORM

**NAME OF INSURER:**

**INSURER CLAIM NUMBER:**

**IMPORTANT NOTICE**

1. No liability under the policy is admitted by issue of this form
2. **NEITHER** owner **NOR** driver **MUST** admit fault or liability for this accident
3. **DO NOT** answer communications about this accident, but send them to insurers for consideration
4. All questions on this form must be answered
5. Repairs must not be authorized without prior authority to the insurers

<b>POLICYHOLDER</b>	Name.....Tel No..... Address.....Business/Occupation.....
<b>POLICY</b>	Policy Number..... Expiry Date..... Name of Hire Purchase or Finance..... Company.....
<b>VEHICLE</b>	Make & Model.....HP/CC..... Year of Manufacture..... Reg. No. of ..... Vehicle.....Carrying Capacity..... Reg. No. of Trailer.....Carrying Capacity..... Name and Address of Owner.....
<b>USE</b>	State the exact purpose for which the vehicle was being used at the time of the accident..... .....
<b>COMMERCIAL VEHICLE</b>	Description of goods being carried..... Name of Owner of Goods..... Was a trailer attached?..... Weight of load on (a) Vehicle.....(b) Trailer.....

<p><b>DRIVER</b></p>	<p>Name.....Occupation.....</p> <p>Actual Date of birth..... Address.....</p> <p>Tel. No..... Is he employed by you?.....</p> <p>How long has he been in your service?.....</p> <p>Was he driving with your permission?.....</p> <p>How long has he been driving motor vehicles? .....</p> <p>Was he in any way to blame for the accident?.....</p> <p>Did he admit liability? .....</p> <p>Has he had any previous accidents?.....If so, how many and approximate dates? .....</p> <p>Has he had any conviction for any offense in connection with any motor vehicle or any charges pending? ..... If so, give details including dates.....</p> <p>Does he hold a full provisional license to drive this vehicle?.....</p> <p>If full, state date when driving test first passed.....Number.....</p> <p>Does he own a motor vehicle?.....If so, give name and address of insurer .....</p>
<p><b>ACCIDENT</b></p>	<p>Date.....Time a.m./p.m .....</p> <p>Place ..... Type of road surface.....</p> <p>Visibility..... Wet or Dry .....</p> <p>What lights were showing on your vehicle? ..... What warning did your driver give? ..... Estimated speed before accident.....</p> <p>Weather conditions .....</p> <p>Did Police take particulars? .....If so, give Constable's number and police station.....</p> <p>To which Police Station was the accident reported?.....</p>

<p><b>PLAN OF ACCIDENT</b></p>	<p>Draw a sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were traveling. Also, show type and position of traffic signs mark, pedestrian crossings and any other relevant information.</p>			
<p><b>STATEMENT BY DRIVER</b></p>	<p>Signature of Driver.....</p>			
<p><b>STATEMENT BY OWNER OR POLICYHOLDER</b></p>				
<p><b>DAMAGE TO INSURED VEHICLE</b></p>	<p>State briefly apparent damage .....</p> <p>.....</p> <p>.....</p> <p>(in all cases where your vehicle is damage and you are entitled to claim under your policy, please send at once to the insurers an estimate for repairs)</p> <p>Repairer's name and address .....</p> <p>Is the vehicle still in use?.....When and where can it be inspected?</p> <p>.....</p>			
<p><b>OTHER VEHICLES AND PROPERTY DAMAGE</b></p>	<p><u>Name and address of Owner</u></p> <p>1.....</p> <p>2.....</p> <p>Name and address of Driver:</p>	<p><u>Reg. No.</u></p> <p>1.....</p> <p>2.....</p>	<p><u>Name of Insurer</u></p> <p>1.....</p> <p>2.....</p>	<p><u>Other Property Damaged</u></p> <p>1.....</p> <p>2.....</p>

<b>PERSONS INJURED</b>	<u>Name and Address</u>	<u>Relationship to Policyholder</u>	<u>If driver or passenger_ Reg. No. vehicle</u>	<u>Apparent Injuries</u>
	1..... 2.....	..... .....		..... .....
<b>INDEPENDENT WITNESSES</b>	<u>Name</u>			<u>Address</u>
	1..... 2.....			1..... 2.....
<b>PASSENGERS IN YOUR VEHICLE</b>	<u>Name</u>			<u>Address</u>
	1..... 2.....			1..... 2.....

I **DECLARE** that these particulars are true and correct and undertake to forward immediately (and answered) any correspondence relating to this accident: -

Date..... Signature of Policyholder .....